

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14974

State File No.

LED MAY 9 1944

Registration District No.

163

Primary Registration District No.

3031

Registrar's No.

29

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Berg Building - E. Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Dorothy H. Goff

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 30 - 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 1 1 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Harry H. Goff
13. Birthplace Heppelaneum, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ethel M. Williams
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Cathryn Goff
(b) Address DeSoto, Mo.

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto - Mo

18. (a) Signature of funeral director J. Le Mather

(b) Address DeSoto - Mo.

19. (a) 4-7-44 (b) John Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. Berg Bldg. E. Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1944 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar 30
1944 to April 1 1944
that I last saw her alive on Mar 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
(Pneumonia)

Due to Acute Bacterial Bronchitis

Due to Otitis Media Sup

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Chris Goff (M. D. or other)
Address DeSoto, Mo. Date signed 4-4-44

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address 28 Sato rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.